PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail MAR 0 4 2005

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450

83.7			or F	Alexandria, Vir <u>Sax</u> (703) 746-4000	6	
INSTRUCTONS: This for approximate All further cornindered unless corrected I maintenance fee notification	below of directed officiwise	smitting the ISSUP Patent, advance ord in Block 1, by (a)	E FEE and I	PUBLICATION FEE (if requirements of maintenance fees	uired). Blocks 1 through 5 s will be mailed to the current s; and/or (b) indicating a sep-	chould be completed when correspondence address a arate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 25944 7590 12/08/2004				Fee(s) Transmittal. T papers. Each addition	f mailing can only be used f his certificate cannot be used nal paper, such as an assignment te of mailing or transmission.	for any other accompanyir ent or formal drawing, mu
OLIFF & BERRI P.O. BOX 19928 ALEXANDRIA, V	DGE, PLC VA 22320	·		C	ertificate of Mailing or Tran. this Fee(s) Transmittal is bein with sufficient postage for fin ail Stop ISSUE FEE address PTO (703) 746-4000, on the	emicsion
'2005 MBEYENE2 000001						(Depositor's name
1501 1504	1400.00 OP 300.00 OP					(Signatur
	<u> </u>					(Dat
APPLICATION NO.	APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
FITLE OF INVENTION: S	FARTING CONTROL SYS	TEM OF INTERNA	AL COMBUS	STION ENGINE AND STAR	TING CONTROL METHOD	THEREOF
APPLN. TYPE	SMALL ENTITY	ISSUE FE	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	<u> </u>		400	\$300	\$1700	03/08/2005
EXAMINER		ART UNIT		CLASS-SUBC LASS		
DOLINAR, ANDREW M		3747		123-179300	_	
CFR 1.363).	e address or indication of "F	,	(1) the nam	ting on the patent front page, nes of up to 3 registered pate	, 01 i f f	& Berridge,
CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicat PTO/SB/47; Rev 03-02	e address or indication of "Foliance address (or Change of 22) attached. cion (or "Fee Address" Indication more recent) attached.	Correspondence	(1) the name or agents C (2) the name registered are 2 registered		a member a mes of up to	& Berridge,
CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicat PTO/SB/47; Rev 03-02 (Number is required.	lence address (or Change of 22) attached. ion (or "Fee Address" Indica	Correspondence	(1) the nan or agents C (2) the nan registered : 2 registered listed, no n	nes of up to 3 registered pate OR, alternatively, ne of a single firm (having as attorney or agent) and the na d patent attorneys or agents. I ame will be printed.	a member a mes of up to	& Berridge,
CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required.	lence address (or Change of 22) attached. ion (or "Fee Address" Indicate or more recent) attached. Use	Correspondence ation form e of a Customer	(1) the nam or agents C (2) the nam registered 2 registered listed, no n	nes of up to 3 registered pate OR, alternatively, ne of a single firm (having as attorney or agent) and the na d patent attorneys or agents. I ame will be printed.	a member a mes of up to	
CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required.	dence address (or Change of 22) attached. cion (or "Fee Address" Indicator more recent) attached. Use PRESIDENCE DATA TO Be an assignee is identified be 137 CFR 3.11. Completion	Correspondence ation form e of a Customer E PRINTED ON T clow, no assignee c of this form is NOT	(1) the nan or agents C (2) the nan registered: 2 registered isted, no n THE PATENT data will apper a substitute is	nes of up to 3 registered pate OR, alternatively, ne of a single firm (having as attorney or agent) and the na d patent attorneys or agents. I ame will be printed.	a member a mes of up to f no name is 3 mee is identified below, the o	
CFR 1.363). Change of correspond Address form PTO/SB/IZ Fee Address" indicate PTO/SB/IZ; Rev 03-02 of Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNED	dence address (or Change of 22) attached. cion (or "Fee Address" Indicator more recent) attached. Use PRESIDENCE DATA TO Be an assignee is identified be 137 CFR 3.11. Completion	Correspondence ation form e of a Customer E PRINTED ON T elow, no assignee cof this form is NOT	(1) the nan or agents C (2) the nan registered; 2 registered listed, no n THE PATENT data will apper a substitute f	nes of up to 3 registered pate OR, alternatively, ne of a single firm (having as attorney or agent) and the na d patent attorneys or agents. I ame will be printed. (print or type) ear on the patent. If an assig- for filing an assignment.	a member a mes of up to f no name is 3 mee is identified below, the o	
CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNETOYOTA JIDOSE	lence address (or Change of 22) attached. ion (or "Fee Address" Indicate or more recent) attached. Use PRESIDENCE DATA TO Be an assignee is identified be 137 CFR 3.11. Completion EE	Correspondence ation form e of a Customer E PRINTED ON T clow, no assignee cof this form is NOT (B)	(1) the nar or agents C (2) the nan registered to 2 registered listed, no not the PATENT data will apper a substitute to provide the page of the page	nes of up to 3 registered pate OR, alternatively, ne of a single firm (having as attorney or agent) and the naid patent attorneys or agents. I ame will be printed. (print or type) ear on the patent. If an assigner or filing an assignment. E: (CITY and STATE OR CO.)	a member a mes of up to f no name is 3 mee is identified below, the o	document has been filed
CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicate PTO/SB/47; Rev 03-02 (Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNETOYOTA JIDOSE Please check the appropriate at the following fee(s) are	dence address (or Change of 22) attached. ion (or "Fee Address" Indicator more recent) attached. Use an assignee is identified by 37 CFR 3.11. Completion EE IA KABUSHIKI KA	Correspondence ation form e of a Customer E PRINTED ON T clow, no assignee c of this form is NOT (B) I SHA ries (will not be pri	(1) the nar or agents C (2) the nan registered of 2 registered in the PATENT data will apper a substitute of particular and the	nes of up to 3 registered pate OR, alternatively, ne of a single firm (having as attorney or agent) and the na d patent attorneys or agents. I ame will be printed. (print or type) ear on the patent. If an assigner filing an assignment. E: (CITY and STATE OR CO., Japan atent): Individual (S.) Fee(s):	a member a mes of up to f no name is 3 mes identified below, the country)	document has been filed
CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicates PTO/SB/12 Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE TOYOTA JIDOSE Please check the appropriate at the following fee(s) are Issue Fee	dence address (or Change of 22) attached. ion (or "Fee Address" Indicator more recent) attached. Use an assignee is identified by 137 CFR 3.11. Completion EE IA KABUSHIKI KA assignee category or catego enclosed:	Correspondence ation form e of a Customer E PRINTED ON T clow, no assignee c of this form is NOT (B) I SHA ries (will not be pri	(1) the nar or agents C (2) the nan registered; 2 registered; 2 registered listed, no n HE PATENT data will apper a substitute of a substitute of the parent of the payment of the paymen	nes of up to 3 registered pate OR, alternatively, ne of a single firm (having as attorney or agent) and the na d patent attorneys or agents. I ame will be printed. (print or type) ear on the patent. If an assigner filing an assignment. E: (CITY and STATE OR CO., Japan atent): Individual (S.) Fee(s):	a member a 2 2 3 3 3 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	document has been filed
CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicates PTO/SB/12 Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE TOYOTA JIDOSE Please check the appropriate at the following fee(s) are Issue Fee	dence address (or Change of 22) attached. ion (or "Fee Address" Indicator more recent) attached. Use PRESIDENCE DATA TO Be an assignee is identified be 137 CFR 3.11. Completion EE IA KABUSHIKI KARA assignee category or categorenclosed:	Correspondence ation form e of a Customer E PRINTED ON T elow, no assignee of of this form is NOT (B) I SHA ries (will not be pri 4b.	(1) the nar or agents C (2) the nan registered; 2 registered; 2 registered listed, no n HE PATENT data will apper a substitute of a substitute of the parent of the payment of the paymen	nes of up to 3 registered pate OR, alternatively, ne of a single firm (having as attorney or agent) and the na d patent attorneys or agents. I have so a gents. I have so agents. I have so agents of the patents. I have so agents have so agents have so agents. I have so agents have so agents. I have so agents have so agents. I have so agents have so agents. I have so agents have so agents. I have so agents have s	a member a mes of up to f no name is 3 mee is identified below, the country) Corporation or other private grandlessed. Ck# 164224 88 is attached.	document has been filed roup entity Government (\$1700)
CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicates PTO/SB/12 Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN! TOYOTA JIDOSE Please check the appropriate la. The following fee(s) are Issue Fee Publication Fee (No s Advance Order - # of	dence address (or Change of 22) attached. ion (or "Fee Address" Indicator more recent) attached. Use PRESIDENCE DATA TO Be an assignee is identified be 137 CFR 3.11. Completion EE IA KABUSHIKI KARA assignee category or categorenclosed:	Correspondence ation form e of a Customer E PRINTED ON T elow, no assignee of this form is NOT (B) I SHA ries (will not be pri 4b.	(1) the nar or agents C (2) the nan registered; 2 registered; 2 registered listed, no n HE PATENT data will apper a substitute of a substitute of the parent of I A check i Payment of I The Directory of the payment of I	mes of up to 3 registered pate OR, alternatively, me of a single firm (having as attorney or agent) and the nad d patent attorneys or agents. I have will be printed. (print or type) car on the patent. If an assignor filing an assignment. E: (CITY and STATE OR CO., Japan atent): Individual (See(s): In the amount of the fee(s) is expected by credit card. Form PTO-20: ctor is hereby authorized by bount Number 15-0461	a member a 2 2 3 3 3 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	credit any overpayment, copy of this form).
CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicates PTO/SB/12 Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN! TOYOTA JIDOSE Please check the appropriate a. The following fee(s) are Issue Fee Publication Fee (No s Advance Order - # of the Control of the USPTO.	dence address (or Change of 22) attached. ion (or "Fee Address" Indicator more recent) attached. Use the properties of 23 of CFR 3.11. Completion at 37 CFR	Correspondence ation form e of a Customer E PRINTED ON T clow, no assignee c of this form is NOT (B) I SHA ries (will not be pri 4b. ed) 37 CFR 1.27.	(1) the nar or agents C (2) the nan registered; 2 registered; 2 registered listed, no n HE PATENT data will apper a substitute of a substitute of the payment of I A check i Payment of I The Directory agents according to the payment of I The Directory according to the payment of I A check i	mes of up to 3 registered pate OR, alternatively, me of a single firm (having as attorney or agent) and the nad d patent attorneys or agents. I have a single firm (having as attorney or agent) and the nad of patent attorneys or agents. I have will be printed. (print or type) the arron the patent. If an assignment are on the patent. If an assignment for filing an assignment. E: (CITY and STATE OR CO., Japan attent): Individual (Statent): The amount of the fee(s) is explored by credit card. Form PTO-20: ctor is hereby authorized by bount Number 15-0461 ant is no longer claiming SMA.	a member a mes of up to f no name is 3 mee is identified below, the country) Corporation or other private grandlessed. Ck# 164224 88 is attached. charge the required fee(s), or enclose an extra country or conclose an	roup entity Government (\$1700) credit any overpayment, copy of this form). CFR 1.27(g)(2). ation identified above.
CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicates PTO/SB/12 Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN! TOYOTA JIDOSE Please check the appropriate a. The following fee(s) are Issue Fee Publication Fee (No s Advance Order - # of the Control of the USPTO.	dence address (or Change of 22) attached. ion (or "Fee Address" Indicator more recent) attached. Use the properties of 23 of CFR 3.11. Completion at 37 CFR	Correspondence ation form e of a Customer E PRINTED ON T clow, no assignee c of this form is NOT (B) I SHA ries (will not be pri 4b. ed) 37 CFR 1.27.	(1) the nar or agents C (2) the nan registered; 2 registered; 2 registered listed, no n HE PATENT data will apper a substitute of a substitute of the payment of I A check i Payment of I The Directory agents according to the payment of I The Directory according to the payment of I A check i	mes of up to 3 registered pate OR, alternatively, no of a single firm (having as and patent attorneys or agent) and the naid patent attorneys or agents. I have will be printed. (print or type) car on the patent. If an assignment. E: (CITY and STATE OR CO. Japan atent): Individual (State) free(s): In the amount of the fee(s) is early credit card. Form PTO-202 ctor is hereby authorized by ount Number 15-0461 ant is no longer claiming SMA by or to re-apply any previou other than the applicant; a re	a member a mes of up to f no name is 3 mee is identified below, the country) Corporation or other private grandless attached. Charge the required fee(s), or medical enclose an extra country status. See 37 Country paid issue fee to the application.	credit any overpayment, copy of this form).

this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.